Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Active Engagement	10 29 2020
Mailing Address 113 East Market St	
Suite 300	Amount
City State Zip Code	23274.00
Leesburg VA 20176	Transaction ID : SE.23559 Date of Disbursement or Obligation
Purpose of Expenditure Digital Media Production / Digital Media Placement Category/ Type	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 21
DAVIS, WENDY, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Active Engagement	10 29 2020
Mailing Address 113 East Market St	
Suite 300	Amount
City State Zip Code	35952.00
Leesburg VA 20176	Transaction ID : SE.23560 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y
SMS Messaging Type	10 29 2020
Name of Federal Candidate Support Office	ee Sought: 🗶 House District: 21
DAVIS, WENDY, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disk 202	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	59226.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Experialities	117117117
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Gross, Jennifer, , ,	-M / D D / Y - Y - Y
Signature [Electronically Filed] Date	10 29 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 15 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼						
WOMEN SPEAK OUT PAC	C00530766						
Check if 24-hour report 48-hour report New report Amends report filed on							
	blic Distribution/Dissemination						
Campaign HQ	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address PO Box 257 Amount							
City State Zip Code	37252.62						
Brooklyn IA 52211 Transaction	n ID: SE.23531 Sbursement or Obligation						
Purpose of Expenditure Phone Calls Category/ Type 10	29 / 2020						
Name of Federal Candidate X Support Office Sought:	House District:						
TRUMP, DONALD J., , , Oppose President	Senate State:						
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (s	Primary						
	blic Distribution/Dissemination						
Campaign HQ	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address PO Box 257 Amount							
City State Zip Code	37252.62						
Date of Dis	ID: SE.23532 sbursement or Obligation						
Purpose of Expenditure Phone Calls Category/ Type 10	29 / 2020						
Name of Federal Candidate Support Office Sought:	House District:						
BIDEN, JOSEPH R JR, , , President	Senate State:						
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (: Primary General (specify)						
(a) SUBTOTAL of Itemized Independent Expenditures	74505.24						
	7 1000.21						
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7						
(c) TOTAL Independent Expenditures	7 1 7 1 1 7 1						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.							
Gross, Jennifer, , , [Electronically Filed] Date 10 29							

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 28 2020
Mailing Address 3100 Smoketree Ct. Suite 900	mount
City State Zip Code	49250.00
Raleigh NC 27604 Tr	ransaction ID : SE.23533 ate of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 2020
Name of Federal Candidate	ought: House District:
TRUMP, DONALD J., , , Oppose Pro	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburser 2020	ment For:
Full Name of Payee D.	ate of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 28 2020
Mailing Address 3100 Smoketree Ct.	mount
Suite 900	40050.00
	49250.00 ansaction ID : SE.23534
Purpose of Expenditure Canvassing / Travel Category/ Type	ate of Disbursement or Obligation 10 28 2020
Name of Federal Candidate Support Office So	ought: House District:
BIDEN, JOSEPH R JR, , ,	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	98500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Gross, Jennifer, , , [Electronically Filed] Date 10	29 2020
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 28 2020
Mailing Address 3100 Smoketree Ct.	Amount
Suite 900	Amount
City State Zip Code	3740.00
Raleigh NC 27604	Transaction ID : SE.23545 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 / 2020
Name of Federal Candidate Support Of	fice Sought: House District:
TILLIS, THOM R. SEN., , ,	President Senate State: NC
Odioridal Todi To Dato	sbursement For: Primary ☐ General Other (specify) ☐ Other
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	M M / D D / Y Y Y Y
Mailing Address 3100 Smoketree Ct.	10 28 2020
Suite 900	Amount
City State Zip Code	3740.00
Raleigh NC 27604	Transaction ID : SE.23546 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/	M - M / D - D / Y - Y - Y
Type Type	10 28 2020
	ffice Sought: House District:
CUNNINGHAM, CAL, , ,	President Senate State: NC
	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	7480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Gross, Jennifer, , , [Electronically Filed] Date	10 29 2020
Signature	

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NAME OF COMMITTE						FEC	IDENTIFICATION	ON NUMBER ▼
WOMEN SPE	AN OUT PAC					С	C00530766	
Check if 24-hour report 48-hour report New report Amends report filed on								
Full Name of Pay					Date	of Pub	lic Distribution/	Dissemination
	orkforce Solutions Inc.					M M M	28	2020
Mailing Address	3100 Smoketree Ct.				Amo	ount		
	Suite 900							
City Raleigh		State NC	Zip Code 27604				ID: SE.23547 oursement or C	
Purpose of Exper Canvassing / Trav	diture vel		Category/ Type			M - M 10	/ D D /	2020
Name of Federal	Candidate		x Si	upport	Office Sou	ght:	House	District:
DAINES, STEVE,	,,		o	ppose	Presi	dent	x Senate	State: MT
Calendar Yea Per Election	r-To-Date for Office Sought	7	81143.64		Disburseme 2020		Primary specify) ▶	X General
Full Name of Pay Headway Wo	ee orkforce Solutions Inc.						olic Distribution	/Dissemination
1	Suite 900				Am	ount		
City		State	Zip Code					1020.00
Raleigh		NC	27604				ID: SE.23548 bursement or 0	Obligation
Purpose of Exper Canvassing / Tra			Category/ Type			10 ^M	28	2020
Name of Federal			S	upport	Office Sou	ght:	House	District:
BULLOCK, STEV	Ε, , ,		x o	ppose	Pres	ident	X Senate	State: MT
Calendar Yea Per Election	ar-To-Date for Office Sought	7	82163.64		Disbursem 2020		Primary specify) ▶	x General
(a) SUBTOTAL of	Itemized Independent Expenditure	9S			· [-7	7	2040.00
(b) SUBTOTAL of	Unitemized Independent Expendit	ures			•		7	
(c) TOTAL Independent	ndent Expenditures				· [7	
with, or at the requ	erjury I certify that the independe lest or suggestion of, any candida ny political party committee or its	ite or authorized						
Gross, Signature	Jennifer, , ,	[Electron	ically Filed]	Date	10	29	202	
Signature								

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 6 OF 15 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER V						
WOMEN SPEAK OUT PAC	C00530766						
Check if X 24-hour report 48-hour report New report Amends report filed on							
Headway Workforce Solutions Inc.							
Mailing Address 3100 Smoketree Ct. Amount	28 2020						
Suite 900							
	5000.00 tion ID : SE.23549 Disbursement or Obligation						
Purpose of Expenditure Canvassing / Travel Category/ Type Type	M / D D / Y Y Y Y						
Name of Federal Candidate X Support Office Sought:	House District:						
MCSALLY, MARTHA, , , Oppose President	Senate State: AZ						
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2020 Other	or: Primary X General or (specify) ▶						
Full Name of Payee Headway Workforce Solutions Inc.							
Mailing Address 3100 Smoketree Ct. Amount	28 2020						
Suite 900							
	5000.00 on ID : SE.23550						
Purpose of Expenditure Canvassing / Travel Category/ Type Date of Expenditure 10							
Name of Federal Candidate Support Office Sought:	House District:						
KELLY, MARK, , , KELLY, MARK, , , President	Δ7						
Calendar Year-To-Date Per Election for Office Sought Disbursement Figure 2020 Othe	or: Primary X General er (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00						
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7						
(c) TOTAL Independent Expenditures	7 1 7 1 7 1						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.							
	29 / 2020						

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC		C C00530766
Check if X 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee	Date of	of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	M	10 28 2020
Mailing Address 3100 Smoketree Ct.	Amou	
Suite 900	Alliou	
City State Zip C		3250.00
Raleigh NC 2760		action ID : SE.23551 of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Cate	egory/ Type	10 28 / 2020
Name of Federal Candidate	Support Office Sough	t: House District:
JAMES, JOHN, , ,	Oppose Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4914	Disbursemen 2020	t For: Primary Seneral ther (specify) ▶
Full Name of Payee		of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	Date	
Mailing Address 3100 Smoketree Ct.		10 28 2020
Suite 900	Amou	nt
City State Zip C	code	3250.00
Raleigh NC 2760		oction ID : SE.23552 of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Cate		10 28 2020
Name of Federal Candidate	Support Office Sough	it: House District:
PETERS, GARY, , ,	X Oppose Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4947	736.73 Disbursemen 2020 C	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	······	6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7 1
(c) TOTAL Independent Expenditures	······	7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Gross, Jennifer, , , [Electronically F	Filed] Date 10	29 / 2020
Signature		

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PAGE 15 OF 8 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if | X | 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination Headway Workforce Solutions Inc. 2020 10 28 Mailing Address 3100 Smoketree Ct. Amount Suite 900 State Zip Code City 12240.00 NC 27604 Transaction ID: SE.23553 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing / Travel 10 28 2020 Type Name of Federal Candidate × Support Office Sought: House District: CORNYN, JOHN SEN, , , **x** Senate Oppose President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 116280.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Headway Workforce Solutions Inc. 10 28 2020 Mailing Address 3100 Smoketree Ct. Amount Suite 900 City State Zip Code 12240.00 NC 27604 Transaction ID: SE.23554 Raleigh Date of Disbursement or Obligation Purpose of Expenditure Category/ Canvassing / Travel 2020 10 28 Type Name of Federal Candidate Support Office Sought: House District: HEGAR, MARY JENNINGS MJ, , , TX X Oppose President Senate State: Primary **✗** General Calendar Year-To-Date Disbursement For: 2020 128520.00 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 24480.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Gross, Jennifer, , , [Electronically Filed] 10 29 2020 Date Signature

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 28 2020
Mailing Address 3100 Smoketree Ct. Suite 900	unt
City State Zip Code	960.00
Raleigh NC 27604 Trans	saction ID : SE.23573 of Disbursement or Obligation
Purpose of Expenditure	10 28 2020
Name of Federal Candidate X Support Office Sough	nt: X House District: 07
HUNT, WESLEY, , , Oppose Presid	lent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2020	, .
	Other (specify)
Headway Workforce Solutions Inc	of Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.	
Suite 900	on t
City State Zip Code	960.00
Date	action ID: SE.23574 of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 2020
Name of Federal Candidate Support Office Sough	ht: X House District: 07
FLETCHER, ELIZABETH, , , Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2020 Output Disbursemer 2020	nt For: Primary x General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1920.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Gross, Jennifer, , , [Electronically Filed] Date 10	29 2020
Signature	

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 28 2020
Mailing Address 3100 Smoketree Ct.	Amount
Suite 900	Amount
City State Zip Code	2240.00
Raleigh NC 27604	Transaction ID : SE.23575 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 2020
Name of Federal Candidate Support Office	ce Sought: X House District: 22
NEHLS, TROY, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disb. 2020	oursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 28 2020
Mailing Address 3100 Smoketree Ct.	
Suite 900	Amount
City State Zip Code	2240.00
Raleigh NC 27604	Transaction ID: SE.23576 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 2020
Name of Federal Candidate Support Office	ce Sought: House District: 22
KULKARNI, SRI PRESTON, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disk 202	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 4.10	10 29 2020
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	d on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	10 28 2020
Mailing Address 3100 Smoketree Ct.	Amount
Suite 900	Amount
City State Zip Code	1120.00
Raleigh NC 27604	Transaction ID : SE.23577 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 2020
Name of Federal Candidate Support Office	ce Sought:
DAVIS, WENDY, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Dist 295487.04	oursement For: Primary Other (specify) Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	M = M / D = D / Y = Y = Y
Mailing Address 3100 Smoketree Ct.	1
Suite 900	Amount
City State Zip Code	1120.00
Raleigh NC 27604	Transaction ID : SE.23578 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing / Travel Category/ Type	10 28 2020
Name of Federal Candidate Support Office	ce Sought: X House District: 21
ROY, CHIP, , ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disl 296607.04	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Gross, Jennifer, , , [Electronically Filed] Date	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	11 =/: =::=	1101120		PAGE 12 OF 15 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	
WOMEN SPEAK OUT PAC				C C00530766	
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M = M / D = D / Y = Y = Y =	Υ
Full Name of Payee Headway Workforce Solutions Inc.				of Public Distribution/Dissemination	
Mailing Address 3100 Smoketree Ct. Suite 900			Amou	10 28 2020 unt	
City	State	Zip Code		4000.00	
Raleigh	NC	27604		saction ID : SE.23579 of Disbursement or Obligation	ᅴ
Purpose of Expenditure Canvassing / Travel		Category/ Type		10 28 2020	Y
Name of Federal Candidate		✗ Support	Office Sough	nt: X House District: 24	1
VAN DUYNE, ELIZABETH ANN, , ,		Oppose	Presid		
Calendar Year-To-Date Per Election for Office Sought		460331.63	Disbursemer 2020	nt For:	ral
Full Name of Payee Headway Workforce Solutions Inc. Mailing Address 3100 Smoketree Ct.				of Public Distribution/Dissemination	
Suite 900			Amou	unt	
City	State	Zip Code		4000.00	П
Raleigh	NC	27604		action ID : SE.23580 of Disbursement or Obligation	
Purpose of Expenditure Canvassing / Travel		Category/ Type		10 / 28 / 2020	Υ
Name of Federal Candidate		Support	Office Sough	ht: K House District: 24	4
VALENZUELA, CANDACE, , ,		x Oppose	Presid	dent Senate State: TX	<u></u>
Calendar Year-To-Date Per Election for Office Sought	7 7	464331.63	Disbursemen 2020	nt For:	eral
(a) SUBTOTAL of Itemized Independent Expenditu	ires			8000.00	
(b) SUBTOTAL of Unitemized Independent Expend	ditures		· •		
(c) TOTAL Independent Expenditures			· •		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized				
Gross, Jennifer, , ,	[Electron	nically Filed] Date	e 10	29 / 2020	
Signature					

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	AME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V	VOMEN SPEAK OUT PAC		C	C00530766	
Ch	neck if X 24-hour report 48-hour report New report Amends report	rt filed o	on M M	/ D = D /	Y I Y I Y
	Full Name of Payee		Date of Pub	lic Distribution	Dissemination
	Headway Workforce Solutions Inc.		10	28	2020
	Mailing Address 3100 Smoketree Ct. Suite 900		Amount		
	City State Zip Code				3200.00
	Raleigh NC 27604			ID: SE.23581 oursement or (
	Purpose of Expenditure Canvassing / Travel Category/ Type		10	28	2020
	Name of Federal Candidate	Office	Sought:	X House	District: 32
	COLLINS, GENEVIEVE D, , , Oppose		President	Senate	State: TX
	Calendar Year-To-Date Per Election for Office Sought 269426.36	Disburs 2020	sement For:	Primary	X General
			Other (s	specify) 🕨	
	Full Name of Payee Headway Workforce Solutions Inc.		M - M	/ D D /	/Dissemination
	Mailing Address 3100 Smoketree Ct.		10	28	2020
	Suite 900		Amount		
	City State Zip Code				3200.00
	Raleigh NC 27604	٦		ID: SE.23582 bursement or 0	Obligation
	Purpose of Expenditure Canvassing / Travel Category/ Type		10	28	2020
	Name of Federal Candidate Support	Office	Sought:	x House	District: 32
	ALLRED, COLIN, , ,		President	Senate	State:TX
	Calendar Year-To-Date Per Election for Office Sought 272626.36	Disbur 2020	sement For: Other (s	Primary specify)	✗ General
	(a) SUBTOTAL of Itemized Independent Expenditures	•		- 1 - 25	6400.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	•			
	(c) TOTAL Independent Expenditures	•			
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Gross, Jennifer, , , [Electronically Filed] Date	M = 10	M / 29		20
	Signature				

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC	C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report			
Full Name of Payee	Date of Public Distribution/Dissemination		
Nebo Media	10 28 / Y Y Y Y Y Y		
Mailing Address PO Box 9625	Amount		
City State Zip Code	228000.00		
Arlington VA 22219	Transaction ID : SE.23529 Date of Disbursement or Obligation		
Purpose of Expenditure Digital Media Production / Digital Media Placement Category/ Type	10 28 7 2020		
Name of Federal Candidate Support Office	Sought: House District:		
BIDEN, JOSEPH R JR, , ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disburg 2020	sement For: Primary General Other (specify) ▶		
Full Name of Payee Person 2 Person Mailing Address 2800 Shirlington Rd	Date of Public Distribution/Dissemination		
	Amount		
City State Zip Code Arlington VA 22206	12692.38 Transaction ID : SE.23530		
Purpose of Expenditure SMS Messaging Category/ Type	Date of Disbursement or Obligation M 10 29 2020		
Name of Federal Candidate Support Office	Sought: House District:		
DIDENT 1005DUD 10	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbur 2020	rsement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	240692.38		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gross, Jennifer, , , [Electronically Filed] Date 10			
Signature			

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ooneduic Ly	FOF	R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENT	IFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C005	330766
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report		
Full Name of Payee	Date of Public Dist	tribution/Dissemination
Person 2 Person		29 / 2020
Mailing Address 2800 Shirlington Rd	Amount	
City State Zip (code	439.57
1	22206 Transaction ID : SE.23556 Date of Disbursement or Obligation	
Purpose of Expenditure SMS Messaging Car	egory/ M M / D	29 / Y 2020
Name of Federal Candidate	Support Office Sought: X Ho	ouse District: 02
SCHUPP, JILL DARLYNE, , ,		enate State: MO
Calendar Year-To-Date Per Election for Office Sought 74	Disbursement For: 270.27 Disbursement For: Other (specify)	Primary x General
Full Name of Payee	Date of Public Dist	tribution/Dissemination
Mailing Address	Amount	
City State Zip	Code	
	Date of Disbursem	nent or Obligation
Purpose of Expenditure Car	egory/ Type	D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: Ho	ouse District:
	Oppose President Se	enate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	Primary General
	Other (specify)) =
(a) SUBTOTAL of Itemized Independent Expenditures	······	439.57
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	546903.19
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gross, Jennifer, , , [Electronically	Filed] Date 10 29	2020
Signature		

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